Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			3					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			3 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			ƴ mi	nus 3 =	*			X42=		OR	X84=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+140≈		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL	100	OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN				
(Column 1)			(Colun			(Column 3)	1 ,	SMALL		OR •	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		l	.140		1	+280=	
+140= TOTAL										OR		
								ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b>↓ ľ</b>	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
TOTAL ADDIT. FEE										ام	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
<u></u>		CLAIMS		HIGH	EST		1 г		ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b>]</b>	X42=		On	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		T CLAIM		ያ የ			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, while 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE												
		nher Previously P					er for	ind in the and	rooriate bo	x in col	umn 1	